

features observed at Nancy in so far as they differ from those seen at the Salpêtrière.

1. The three phases—lethargy, catalepsy, somnambulism—are never observed. In all subjects cataleptic and somnambulistic phenomena may be produced by simple suggestion. Neither opening of the eyes nor friction of the vertex in any manner modifies the phenomena, if suggestion be excluded.

Transferred through magnets, muscular hyperexcitability symptoms of cerebral localization (by touching certain parts of the cranium), are never observed unless suggestion is employed. All these phenomena can be produced, if the patient believes that they are to occur. The three so-called phases of the hypnotic state are due entirely to suggestion.

2. In hysterical patients the hypnosis does not differ from that in other subjects. It is always due to suggestion.

3. Hysteria is not a good soil for the study of hypnotism. Auto-suggestion serves to obscure the clear picture and to confuse the inexperienced operator.

4. The hypnotic state is not a neurosis; the phenomena are natural and psychological, and may be obtained in many subjects during natural sleep.

5. The hypnotic state is not peculiar to or more easily obtained in neurotic individuals than in others.

6. It is not asserted that *all* somnambulists are pure automatons, but that among this class there are some in whom the power of resistance is so greatly reduced that they are at the mercy of the operator.

7. All procedures for hypnotizing may be summed up under the word "suggestion." No procedure will succeed if the subject does not know that he is expected to sleep.

8. Suggestion is the key to all hypnotic phenomena. Every physician who, in his hospital ward, does not succeed in hypnotizing eighty per cent. of his patients must acknowledge to lack of experience and refrain from expressing an opinion upon the subject.

G. W. J.

A CASE OF PSEUDO-TABES. A. Pitres (Archiv de Neurologie, p. 337, 1888).

Certain cases are known which during life presented all

the symptoms of *tabes dorsalis*, but at the autopsy the central nervous system was found to be almost normal. Such cases led Trousseau to look upon the disease as a neurosis. Others reserved their interpretation of them until science should have advanced our knowledge. It soon became possible to explain those cases which upon autopsy showed degeneration of the posterior columns, but *intra-vitam* had not shown any of the usual symptoms of *tabes* (sclerosis of the columns of Goll). Then also it became possible to explain a certain class presenting tabetic symptoms *intra-vitam*, but showing no lesion of the cord on autopsy (multiple neuritis). Thus the term pseudo-*tabes* must be restricted to cases presenting the symptoms of *tabes*, but upon autopsy showing the intactness of the central nervous system, the spinal roots, and the peripheral nerves. Such a case is here described.

CASE.—Male, *æt.* 45, no heredity, no syphilis or alcoholism ; venereal excesses. In 1877, at age of 36, attacks of sharp, lancinating pains, beginning in the right hip and extending later to the left. Polyuria. In 1880, belt pain ; unsteady gait ; sensation of swelling of feet ; Romberg's symptom. From 1881-'86, disorders of micturition, rectal tenesmus, gastric crisis.

Typical fulgurating pains. Continuation of motor inco-ordination. No disorders of sight, or trophic disturbances. Patellar tendon-reflexes preserved. Death due to tuberculous pleurisy.

Autopsy: No sclerosis of the cord. No atrophy of posterior roots. Integrity of peripheral nerves. G. W. J.

ON THE DISEASE PHENOMENA AFTER CONCUSSION OF THE SPINAL CORD IN RAILWAY ACCIDENTS (Transactions of the Berlin Society of Internal Medicine. Meeting of January, 1888).

Dr. Oppenheim in discussing this subject stated that the symptomatology of this class of affections had not been materially changed since first described by Erichsen. Only certain symptoms which had been neglected as subordinate by him in his description have an increased importance,